

Clinician's Progress Notes

Client Name: Marin Melfu

Birth Date: Chart No: Admit Date: Reporting Unit:

PSP Client ID No: 701 28642

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Please sign each narrative with signature and title. Each progress note must include the following headings:

										
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311 Collateral	341	Individual Therapy	371	Crisis Intervention	571 Brokerage					
321 Evaluation	351	Group Therapy	381	Individual Rehabilitation	581 Plan Deve					
For AB3632 services t	the ending digit for ea	sch code is a (2) except	for No Show	•						

Date of Service:



Clinician's Progress Notes

Face-to-Face Time:

Client Name:

Birth Date:

Admit Date:

Chart No:

Reporting Unit:

Page 2 of 25

PSP Client ID No:

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Please sign each narrative with signature and title. Each progress note must include the following headings:

Document 36-9

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Alameda County

Department of Behavioral Health Care Services -Mental Health Division Client Name: Max Birthdate: Admit Date: Chart No.: Reporting Unit: PSP Client ID No.:

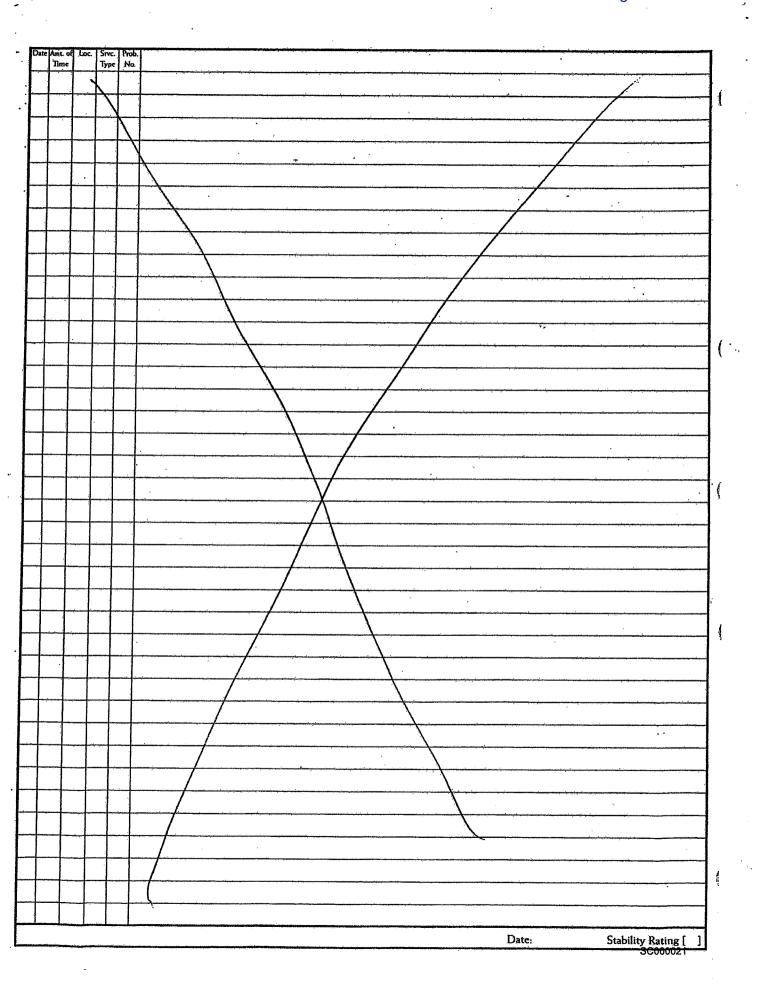
Progress Notes

Mental Health Services

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Each month the clinician will complete a client stability ranking with justification. Use the stability rating criteria procedure and assign a numeric ranking. Identify the ranking and enclose the number in the box (e.g. Stability Rating [5]). Please sign each narrative with signature and title. Each progress note must include

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311		l							Brokerage Services		
321	E	valuation 351 Group Therapy 381 Individual Rehabilitation 581 Plan Development									

For AB3632 services the ending digit for each code is a (2) except for No Show



Clinician's Progress Notes

Client Name: Mwm Mula

Birth Date:

Admit Date:

Chart No:

Reporting Unit:

PSP Client ID No: 751 28642

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Please sign each narrative with signature and title. Each progress note must include the following headings:

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311 Collateral	341	Individual Therapy	371	Crisis Intervention	571	Brokerage Services				
321 Evaluation	351	Group Therapy	381	Individual Rehabilitation	581	Plan Development				
For AB3632 services the endin	g digit for ea	ich code is a (2) exce	pt for No Show			1				

300

311

No Show

Collateral

321 | Evaluation

331 Assessment

351 Group Therapy

341

For AB3632 services the ending digit for each code is a (2) except for No Show

Individual Therapy

Clinician's Progress Notes

Client Name:

Birth Date:

Admit Date:

Chart No:

Reporting Unit:

PSP Client ID No:

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Please sign each narrative with signature and title. Each progress note must include the following headings:

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361

371

Medication Support

Individual Rehabilitation

Crisis Intervention

391

571

Group Rehabilitation

Brokerage Services

Plan Development

Alameda	County
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Department of Behavioral Health Care Services
-Mental Health Division

Cilent Name: Mark Wellson
Birthdate: Admit Date:
Chart No.: Reporting Unit:
PSP Client ID No.:

Progress Notes

Mental Health Services

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Each month the clinician will complete a client stability ranking with justification. Use the stability rating criteria procedure and assign a numeric ranking. Identify the ranking and enclose the number in the box (e.g. Stability Rating [5]). Please sign each narrative with signature and title. Each progress note must include the following headings:

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311	C	olla	eral			341	Individual Therapy	371	Crisis Intervention	571	Brokerage Services

Group Therapy

For AB3632 services the ending digit for each code is a (2) except for No Show

351

381 Individual Rehabilitation 581

Evaluation

Plan Development

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Alameda County	Client Name: March McMa-
Department of Behavioral Health Care Services	Birthdate: Admit Date: Chart No.: Reporting Unit:
-Mental Health Division	PSP Client ID No.: Reporting Unit:
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Discharge Summary with	· ·
Multiaxial Diagnosis	
Progress and Status Summary: (Please include discharge medications, finan	ncial status and living situation).
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Recommendations/Plans for Future Care: (please include referrals to other s	ervices with telephone numbers).
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Multiavial	Diagnosis at Discharge		· · · · · · · · · · · · · · · · · · ·
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Axis II	Personality Disorders (If none, write "none")	
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D. Occ	cupational problems Speci	fy: C4 was still onengbyes.	ET I
E. Ho	ising problems Specify:		
É Eco	nomic problems Specify:		I
		care services Specify:	ā
H. Prol	olems related to interaction	with legal system/crime Specify:	<u> </u>
I. Oth	er psychological and enviro	nmental problems Specify:	
	nown/Unavailable		
AXIS V: GI	obal Assessment of Functi	ioning Scale(GAF) Current Score: 45	
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Diagnosis est	ablished by: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	IEZ, MSW DN/A Date: 4/26/26	
AAta Jinician Sigr	7	Date Physician Signature Date	□ N/A
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SC000028

PHYSICIAN'S INITIAL EVALUATION	PAGE 2	NAME:	DOB:	PSP:
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☐ Ecstacy/Club D	rugs 🗆 O	ther:		
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AFFECT: ☐ Normal Ran ☐ Inappropriate ☐ Otl		sity: Lincreased Decreased Decons	tricted L Blunted L F	lat 焰 Sad 🖾 Labile
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Case 4:07-cr-00364-CW Document 36-9 Filed 07/07/2008 Page 13 of 25 PHYSICIAN'S INITIAL PAGE 3 NAME: DOB: PSP: **EVALUATION** PERCEPTUAL DISTURBANCES: HALLUCINATIONS ☐ Auditory ☐ Visual ☐ Other ☐ Derealization ☐ Depersonalization ☐ Illusions ☐ Other None. THOUGHT PROCESS: ☐ Logical ☑ Goal Directed ☑ Evasive ☐ Tangential ☐ Circumstantial ☐ Racing □ Blocking □ Flight of Ideas □ Loose Associations □ Incoherent □ Rambling □ Word Salad □ Other THOUGHT CONTENT: WNL Ruminations Obsessions Compulsions Phobias Delusions ☐ Ideas of Reference ☐ Poverty of Thought ☑ SUICIDAL IDEATION ☐ HOMICIDAL IDEATION Thought of Sucude - purpose in front at Brott train -INSIGHT: WNL BLAccepts problem, wants help Impaired: Denial of problem Awareness of problem but denying need for help JUDGMENT: WNL Mmpaired Mild Moderate Severe Other: STRENGTHS: SLEEP: ☐ WNL ☐ Insomnia ☐ Hypersommia ☐ Restless ☐ Early Morning awakening ☐ Day/Night Reversal APPETITE WNL ☐ Increased ☐ Decreased ☐ Recent weight gain ☐ Recent weight loss LIBIDO: ☐ WNL ☐ Increased ☐ Decreased but sexual. ASSESSMENT AND DIAGNOSTIC CONSIDERATIONS: At depenin our fir cos, leonoxic DIAGNOSIS (include DSM-IVR codes): AXIS II: ___. AXIS III: See Medical History Above AXIS IV: PROBLEMS: Primary Support Group Social Environment Educational Occupational Access to Health Care Economic Housing Legal System/Crime Other Psychosocial/Environmental Ounknown (axis IV specifics): Current GAF: 57 Highest GAF Past Year: AXIS V:

50000030

	Case 4:0	J7-cr-00364-CVV	Document 36-9	Filed 07/07/200	18 Page 14 of 25					
٠	PHYSICIAN'S INITIAL PACE EVALUATION	GE 4 NAME:	-	DOB:	PSP:					
	TARGET SYMPTOMS	(Check all that apply and add	lress below in PLAN):							
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	HYPOMANIA/MANIA: Elevated mood Irritable Grandiose Risky behavior Decreased need for sleep Distractible Hyperactive Hyperverbal Racing thoughts Excessive anger Hypersexual behavior Other:									
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	☐ Delusions ☐ Halluci		symptoms 🗆 Disorgani:	zed thinking \square Other:						
	SUBSTANCE ABUSE DISOI	RDERS:								
	OTHER DISORDERS:									
L	ESTIMATE OF COMPLIANC	CE:			•					
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٨	Informed Consent: Info form(s) Med forms given:									
	An opportunity was given to ask on Ability to manage own medicat		ision / requires supervisio	n						
P	Physician's signature		Syrac	ce au Date:	1117105					
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Alameda Co	unty			
Department	of Behavioral	Health	Care	Services
	-M	ental H	ealth	Division

Client Name: Birthdate: Chart No.: PSP Client ID No.:

Admit Date: Reporting Unit:

Progress Notes Mental Health Services

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress, Each month the clinician will complete a client stability ranking with justification. Use the stability rating criteria procedure and assign a numeric ranking, Identify the ranking and enclose the number in the box (e.g. Stability Rating [5]). Please sign each narrative with signature and title. Each progress note must include

the following headings:

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311	Collateral	341	Individual Therapy	371	Crisis Intervention	571	Brokerage Services
321	Evaluation	351	Group Therapy	381	Individual Rehabilitation	581	Plan Development

For AB3632 services the ending digit for each code is a (2) except for No Show

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Alameda County

Department of Behavioral Health Care Services
-Mental Health Division

Client Name: Birthdate:

Admit Date:
Reporting Unit:

Chart No.: PSP Client ID No.:

Progress Notes

Mental Health Services

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Each month the clinician will complete a client stability ranking with justification. Use the stability rating criteria procedure and assign a numeric ranking. Identify the ranking and enclose the number in the box (e.g. Stability Rating [5]). Please sign each narrative with signature and title. Each progress note must include the following headings:

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For AB3632 services the ending digit for each code is a (2) except for No Show

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FORM #313-PD-1

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY Mental Health Services Division

OUTPATIENT DRUG RECORD

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Department of Behavioral Health Care Services
-Mental Health Division

Client Name: DUMM, Maurice Birthdate: Admit Date: Chart No.: Reporting Unit PSP Client ID No.:

Progress Notes

Mental Health Services

Respond to problems/goals/objectives of treatment plan and signs and symptoms related to diagnosis. Include treatment interventions and address changes in the client's functioning. If there is little progress, include an explanation of the limited progress. Each month the clinician will complete a client stability ranking with justification. Use the stability rating criteria procedure and assign a numeric ranking. Identify the ranking and enclose the number in the box (e.g. Stability Rating [5]). Please sign each narrative with signature and title. Each progress note must include the following headings:

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300	No Show	331	Assessment	361	Medication Support	391	Group Rehabilitation
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321	Evaluation	351	Group Therapy	381	Individual Rehabilitation	581	Plan Development

For AB3632 services the ending digit for each code is a (2) except for No Show

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ALAMEDA COUNTY

Department of Behavioral Health Care Services

Mental Health Services

Client Name: Nelson. Marvin

PSP Client ID No: 75128642

Birthdate: 12/13/59

Physician's Progress Notes

Areas to be Addressed Per Each Note:

- Date of Service, Face-to-Face and Total Time, Location and Procedure Code
- Medical Necessity Justification (for continuing treatment)
 Subjective: Client's Chief Complaint that Day (quoted, if
- possible)

 Chiesthy Clinical Description/Evolution of Signs and
- Objective: Clinical Description/Evaluation of Signs and Symptoms
- Assessment: Incl. Medication Review of Efficacy, Compliance, Adverse Effects; Lab results, if any
- Plan: Interventions, including prescription changes; labs/other diagnostics ordered
- Changes in any Medical Conditions and/or Medications, Substance abuse (if applicable)
- Diagnostic Codes (ICD-9 or DSM IV to 5th digit)/Signature/ Degree/ Date

3/23/06

Pt reports some relief with Depakote, and has no c/o side effects, but continues to feel depressed because of ongoing problems with his wife, and because of the anniversary of losing his job.

Depakote level is 53.0. Abnormal labs are all in the cholesterol/triglycerides panel, where there are significant elevations.

Pt mentioned that he is smoking some mj, and we discussed concerns about pre-employment drug screening, so a urine test was done, which showed positive for no only marijuana but amphetamine and methamphetamine. The pt says he thinks his friend may have "put some in my coffee", but I expressed skepticism about this. If there has been frequent meth use, this could account for pt's lability at times and lack of response to treatment.

At this point, there is nothing further to offer the pt on a crisis level, so he will be referred to IMA for ongoing meds, and he was advised to take an homest look at the role drug abuse may be playing in his depression.

D/C meds: Depakote 500 mg BID, Wellbutrin SR 200 mg BID.

D/C dx: Bipolar II, depressed; polysubstance abuse, intermittent; personality diosorder NOS 90805-463, 30 min

S.S. Hague, MD

Case 4:07-cr-00364-CW 1 (1909) 2007-00309 (1 (800)) 288-8008 Document 36-9 Filed 07/07/2008 Sacramento, CA 95834 1 (800) 952-5691 Page 24 of 25 1 (800) 288-8008

Diagnostics Client 59244 HAGUE, STEPHEN MD 210 nelson, MARVIN

46,12/13/1959

I PHONE #: 888-9232 CHART #: 75128642

FASTING

M

15750 FOOTHILL BLVD SAN LEANDRO, CA 94578

> HAGUE, STEPHEN MD 510-667-4901

Accession No. K8968497 03/21/06 08:15 03/21/06 17:50 03/22/06 09:00 Collected: Received: Reported:

FINAL Re-reported: Representation 03/22/06 Page: 00

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RDW PLATELET COUNT MPV NEUTROPHILS LYMPHOCYTES MONOCYTES EOSINOPHILS	12.9 207 8.4 56 30 7 1 3.20 1.70	7	н	11.0-15.0 140-400. 7.5-11.5 40-75 20-45	thous/uL fL %	SJ SJ SJ SJ
PLATELET COUNT MPV NEUTROPHILS LYMPHOCYTES MONOCYTES EOSINOPHILS	207 8.4 56 30 7 1 3.20 1.70	7	н	140-400. 7.5-11.5 40-75 20-45	thous/uL fL %	SJ SJ SJ
MPV NEUTROPHILS LYMPHOCYTES MONOCYTES EOSINOPHILS	8.4 56 30 7 1 3.20 1.70	7	н	7.5-11.5 40-75 20-45	fL % ———————————————————————————————————	SJ SJ SJ
NEUTROPHILS LYMPHOCYTES MONOCYTES EOSINOPHILS	56 30 7 1 3.20 1.70	7	н	40-75 20-45	&	SJ -SJ
LYMPHOCYTES MONOCYTES EOSINOPHILS	30 7 1 3.20 1.70	7	н	20-45		SJ
MONOCYTES EOSINOPHILS	7 1 3.20 1.70	7	Н			
EOSINOPHILS	1 3.20 1.70	7	н	0-12	<u> </u>	
	1.70	7	H		· O	SJ
	1.70	<u> </u>			8	SJ
BASOPHILS	1.70			0-2	*	SJ
ABSOLUTE NEUTROPHIL	1.70	ł		1.50-7.80	thous/uL	SJ
ABSOLUTE LYMPHOCYTE				0.85-3.90	thous/uL	SJ
ABSOLUTE MONOCYTES	U.4U			0.20-0.95	thous/uL	ŠĴ
ABSOLUTE EOSINOPHIL	0.400		· · · · · · · · · · · · · · · · · · ·	0.015-0.550	thous/uL	รับ
ABSOLUTE BASOPHIL	0.100	1	•	0.000-0.200	thous/uL	SJ
ABSOLUTE BASOPHIL	0.100		•	0.000-0.200	chous, an	50
TO THE TOTAL TOTAL						
PATIC FUNCTION			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>		
HEPATIC FUNCTION					1.37	O.T.
PROTEIN, TOTAL	6.9			6.0-8.3	g/dL	SJ
ALBUMIN	4.8			3.5-4.9	g/dL	SJ
GLOBULIN	2.1		3	2.0-3.9	g/dL	SJ
A/G RATIO	2.3	1		1.0-2.5	ratio	SJ
BILIRUBIN, TOTAL	0.4			0.2-1.5	mg/dL	SJ
BILIRUBIN, DIRECT	0.2			0.0-0.3	mg/dL	ຮປ
BILIRUBIN, INDIRECT	0.2			< 1.1	mg/dL	SJ
ALKALINE PHOSPHATASE	67			20-125	υ/L	SJ
AST (SGOT)	14			3-50	Ū/L	_SJ
ALT (SGPT)	16			3-60	U/L	SJ
A handwritten non-specia	fig test or	der wa	reco	ived If this	ignot	UU
A Handwritten hon-speck.	TIC CESC OF	GET Ma	2 Tece	r logal glient	To Hor	
what you intended to ord	der, prease	COILE	St YOU	t rocar crient	Per Arce	
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appropriately. You may	also inqui	re abou	it ait	ernative or add	ittional	
testing.						
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IDS						
LIPID PROFILE						
CHOLESTEROL		270	Н	<200	mg/dL	_SJ
TRIGLYCERIDES		212	H	<150	mg/dL	SJ
VLDL CHOLESTEROL		42	H	5-35	mg/dL	SJ
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REPORT CONTINUE	איז אור אוריצידי	DACE /	T.ECENT	ON LAST DAGE		
REPORT CONTINO	DO ON MEYT	FAGE /	TIPGUM	ON HADI FAGE		
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Case 4:07-cr-00364-CW 967 Mabury Road 1 (408) 288-9850 San Jose, CA 95133 1 (800) 288-8008 Filed 07/07/2008 Page 25 o Document 36-9 F 3714 Northgate Blvd. Case 4:0
967 Mabury Road
San Jose, CA 95133 Page 25 of 25 Sacramento, CA 95834 Client 59244 MD 210 "Marvin MARVIN Accession No. 8497 03/21/06 08:15 03/21/06 17:50 03/22/06 09:00 46,12/13/1959 DOB: M FASTING 15750 FOOTHILL BLVD Collected: T PHONE #: 888-9232 CHART #: 75128642 SAN LEANDRO, CA 94578 Received: Reported: HAGUE, STEPHEN MD FINAL Re-reported: 510-667-4901 Representative 03/22/06 pages 00 In Bange Out of Dongs Transfer THE PERSON

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LDL CHOLESTEROL (CA)	LC)	186 I	<130	mg/dL	SJ
RISK CATI	GORY		LDL-CHOLESTEROL	GOAL	
VERY HIGH (E.G.,I HIGH (DIABETICS;C MODERATELY HIGH	HD RISK EQU	(VALENTS	<70 mg/dL <100 mg/dL <130 mg/dL		
(MULTIPLE (2+) 0 TO 1 RISK FACTO	RISK FACTOR	\$)	<160 mg/dL	• ~ .	
*NCEP REPORT.CIRC	ULATION 200	;110:227-239	•	,	and the second of the second ordered to
HDL CHOLESTEROL CHOLESTEROL/HDL RATI	42		>40 <4.4	mg/dL ratio	SJ SJ
THERAPEUTIC DRUG VALPROIC ACID ENDOCRINOLOGY	53.0		50.0-100.0	mcg/mL	SJ
TSH, 3RD GENERATION TSH	2.13		0.40-5.50	uIU/L	SJ
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PERFORMING SITE	- George A. A. A. Alak Andrews Allen				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
SJ - Quest Diagnostic					
James E. Fitzw	ater, M.D.,	(800) 288-98		•	
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